

PE MAZ		•					
NOV 2 1 2005 BE TRANSMITTAL					Application Number: 10/017,471		
					Filing Date: October 23, 2001		
					First Named Inventor: Erik Takano, et al.		
					Title: Antibiotic Production		
Total Amt of Payment $(1) + (2) + (3) = 0$				0	Attorney Docket Number: 0380-P02329US1		
METHOD	OF PAYM	ENT (c	heck one)	-			
<ul> <li>Authorization is hereby granted to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 04-1406.</li> <li>Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.</li> </ul>					3. ADDITIONAL FEES Fee Description Surcharge-late filing fee or oath Application Size Fee For filing a request for reexamination	Fee Paid	
Any patent application processing fees under 37 C.F.R.					Extension for response within one month		
§1.17 Any extensions of time that are required to maintain this					Extension for response within second month	-	
application in a pending status, if not included herewith, are hereby requested. Authorization is hereby granted to charge					Extension for response within third month		
such extension fees to Deposit Account No. 04-1406. Two					Extension for response within fourth month		
copies of this transmittal are enclosed for accounting purposes.  Representation and purposes are accounting purposes.					Notice of Appeal		
A Payment enclosed. \$ 0.00					Filing a brief in support of an appeal		
FEE CALCULATION					Request for oral hearing		
1. BASIC FILING, SEARCH AND EXAM. FEES Fee					Petition to revive unintentionally abandoned application		
Filing	Sear	ch	Exam		Issue Fee Advance Orders		
Utility Design				0	Publication Fee		
Plant					Petitions to the Commissioner		
Reissue				<del></del>	Petitions related to provisional applications		
					Submission of Information Disclosure Stmt.		
		S	UBTOTAL (1)	\$0	Recording each patent assignment per property		
					Other fee (specify)		
2. Claims F	ees		•				
# of Claims - Pa	id Extra	Claims	Fee/Claim	Fee	SUBTOTAL (3)	\$	
Total Claims 9	- 13 = (a)	0	50	\$0			
Indep Claims	3 - 3 = (b)	0	200	<b>\$</b> O		•	
Multiple Dependent Claim Fee							
(a) Enter 20 or number previously paid for (b) Enter 3 or number previously paid for							
		S	UBTOTAL (2)	<b>\$</b> 0			

Submitted By: Robert C. Netter, Jr. Ph.D.	Reg. Number <u>56,422</u>	
MINITED TO		Deposit Account User ID
Signature Rohd (Methon)	Date November 18, 2005	04-1406

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Certification of Mailing Under 37 CFR §1.8(a)

I hereby certify that this correspondence is being deposited on November 18, 2005 with the United States Postal Service as first class mail in an envelope addressed to COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450.

Caren Burgoon

AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER

37 C.F.R. §1.111

## Introductory Comments

In response to the Official Action dated August 18, 2005, please amend the above-identified patent application as follows: